

TENNESSEE HIGHWAY PATROL D.A.R.E. TRAINING CENTER

APPLICATION for D.A.R.E. OFFICER TRAINING

PARTICIPANT			(PLEASE TYPE OR PRINT)			S.S. #: - -													
Last Name:		First:		M.I.:		Rank:													
AGENCY INFORMATION																			
Agency:																			
Address:																			
City:		State:		Zip Code:		E-Mail:													
Telephone:			Fax:			Pager:													
Agency Head:						Title:													
PERSONAL INFORMATION																			
(TO BE COMPLETED BY THE OFFICER)																			
Home Address:						Telephone:													
City:				State:		Zip Code:													
Do you smoke?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<i>All sleeping rooms are non-smoking.</i>															
Your name as you wish it to appear on your name tag (NO NICKNAMES)																			
Your name as you wish it to appear on your certification:																			
Do you have any significant health problems?		<input type="checkbox"/> YES <i>IF YES, DESCRIBE BELOW:</i>		<input type="checkbox"/> NO															
In case of emergency, contact:						Relation:													
Location:						Telephone:													
EDUCATIONAL EXPERIENCE																			
<input type="checkbox"/> High School		<input type="checkbox"/> Some College - hrs. completed _____		<input type="checkbox"/> Bachelors Degree		<input type="checkbox"/> Doctorate													
<input type="checkbox"/> GED		<input type="checkbox"/> Associates Degree		<input type="checkbox"/> Masters Degree		<input type="checkbox"/> Other													
LAW ENFORCEMENT EXPERIENCE																			
(ANSWER ALL QUESTIONS CAREFULLY AND ACCURATELY)																			
I am a certified, full-time, commissioned/sworn officer with full enforcement authority:						<input type="checkbox"/> YES <input type="checkbox"/> NO													
Date of certification as a commissioned/sworn officer by the P.O.S.T. Commission:																			
If less than 2 years experience, date of employment with your current department:																			
If less than 2 years experience with your current department, total full-time commissioned service with other departments:																			
list name of department and dates employed:				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;">1</td><td style="width: 75%;"></td><td style="width: 20%;"></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> </table>				1			2			3			4		
1																			
2																			
3																			
4																			
I am currently assigned to:																			
<input type="checkbox"/> UNIFORM/PATROL		<input type="checkbox"/> JUVENILE		<input type="checkbox"/> NARCOTICS		<input type="checkbox"/> GREAT													
<input type="checkbox"/> SRO		<input type="checkbox"/> PUBLIC INFORMATION		<input type="checkbox"/> INVESTIGATIONS		<input type="checkbox"/> OTHER													
<input type="checkbox"/> COMMUNITY POLICING																			
TO BE COMPLETED BY THE AGENCY HEAD																			
Our agency will use the officer/applicant during the next school semester:				<input type="checkbox"/> YES		<input type="checkbox"/> NO													
The officer will be used to instruct D.A.R.E.:				<input type="checkbox"/> FULL TIME		<input type="checkbox"/> PART-TIME													
The officer will be given sufficient time to properly instruct D.A.R.E.:				<input type="checkbox"/> YES		<input type="checkbox"/> NO													
I understand the officer must teach in the uniform of the patrol division :				<input type="checkbox"/> YES		<input type="checkbox"/> NO													
I understand the D.A.R.E. Officer Training is a comprehensive training that demands the undivided attention of the officer, and I am aware that attendance of all classroom sessions is mandatory				<input type="checkbox"/> YES		<input type="checkbox"/> NO													
I understand the officer must successfully demonstrate the knowledge, attitude, and skills necessary to effectively deliver the D.A.R.E. curriculum in order to become certified:				<input type="checkbox"/> YES		<input type="checkbox"/> NO													

(SIGNATURES REQUIRED ON LAST PAGE)

TO BE COMPLETED BY THE APPLICANT/OFFICER

I understand D.A.R.E. is an assignment which requires wearing the uniform of the patrol division :	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
I will be instructing D.A.R.E.: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME						
I will teach D.A.R.E. in the next school semester:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
A school/police participation agreement has been executed between my agency and the school: * the agreement must be attached to this application	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
I understand that attendance at all classroom sessions is mandatory:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
My calendar is cleared of any and all obligations, including court appearances, during this two-week training:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
Have you previously attended D.A.R.E. Officer Training ?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
If yes, list date and location:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">DATE:</td> <td style="width: 50%; padding: 2px;">LOCATION:</td> </tr> </table>				DATE:	LOCATION:
DATE:	LOCATION:					

APPLICATION SURVEY

I am attending the D.A.R.E. Officer Training because:	<input type="checkbox"/>	I have requested to attend	<input type="checkbox"/>	I have been ordered to attend	<input type="checkbox"/>	Other
Please describe how you were selected (appointment, competitive process, etc.).						
My knowledge of D.A.R.E.:	<input type="checkbox"/>	I know very little about the program	<input type="checkbox"/>	I have some knowledge about the program		
	<input type="checkbox"/>	I have a good understanding of the program				
Please write a paragraph stating your reasons for wanting to be a D.A.R.E. officer.						
In how many schools and classes will you be teaching during the next semester?				SCHOOLS:		
				CLASSES:		

AUTHORIZATION FOR APPLICATION

The undersigned have read and do agree to abide by all Policy and Procedures set forth by D.A.R.E. America and the Tennessee D.A.R.E. Training Center . Failure to do so could result in loss of officer certification and copyright violation prosecution. (Policy and Procedures furnished upon request.)	
Officer/Applicant Signature:	DATE:
Agency Head's Signature:	DATE:

Mail completed Application and Agreement to:

**Tennessee Highway Patrol
D.A.R.E. Training Center
275 Stewarts Ferry Pike
Nashville TN 37214**